

021804
17264 U.S. PTO

Docket Number 4-100-8388C

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Address to: MS: Patent Application
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

17548 U.S. PTO
10781069

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UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **continuation** of prior Application No. 09/992,584, filed November 6, 2001.

Applicant (or identifier): MEINZER ET AL.

Title: OIL-FREE PHARMACEUTICAL COMPOSITIONS CONTAINING
CYCLOSPORIN A

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 17 pages
 2. ☐ Drawings - sheets
 3. ☐ Declaration and Power of Attorney
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (signed or with indication that original was signed)
 - i. ☐ Deletion of Inventors
Signed statement attached deleting inventor(s) named in the prior application
 4. ☒ Incorporation By Reference
The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 5. ☐ Microfiche Computer Program (appendix)
 6. ☐ Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
 7. ☒ Preliminary Amendment
 8. ☐ Assignment Papers (Cover Sheet & Document(s))
 9. ☐ English Translation of
 10. ☒ Information Disclosure Statement
 11. ☐ Certified Copy of Priority Document(s)
 12. ☒ Return Receipt Postcard
 13. ☒ Other: Application Data Sheet
- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 09/992,584 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

Filing fee calculation:

- ☒ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee								\$	750
Multiple Dependent Claim Fee (\$ 280)								\$	
Foreign Language Surcharge (\$ 900)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	11	-20	0	x	\$	18	=	\$
	Independent Claims	1	-3		x	\$	84	=	\$
TOTAL FILING FEE								\$	750

- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$750. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie
Novartis
Corporate Intellectual Property
One Health Plaza, Building 430
East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (973) 781-8064.

Respectfully submitted,

Date: February 18, 2004


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